

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

574

Registered No.

County

Maricopa

State

ARIZONA

Township

Snowflake

or Village

City

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child

Gies Charles Bryant

(If child is not yet named, make supplemental report, as directed)

Sex

M

If plural births

4. Twin, triplet, or other

6. Premature

7. Legitimate?

8. Date of birth

July 30, 1935

1935

5. Number, in order of birth

Full term

Full name

FATHER

Ray J. Bryant

Residence (usual place of abode)

(If non-resident, give place and State)

Snowflake

Color or race

W

12. Age at last birthday

31

(Years)

Birthplace (city or place)

Springerville

(State or country)

Ariz

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Maintenance

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

on 77. Highway

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

19

18. Full resident name

MOTHER

Ada Ramsey

19. Residence (usual place of abode)

(If non-resident, give place and State)

20. Color or race

W

21. Age at last birthday

30

(Years)

22. Birthplace (city or place)

Snowflake

(State or country)

Ariz

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

19

OCCUPATION

Number of children of this mother

At time of this birth and including this child) (a) Born alive and now living

5

(b) Born alive but now dead

(c) Stillborn

If stillborn,

period of gestation

{ months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

Alive

at 10:30 a

m. on the date above stated

(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or should make this return.

(Signed)

Phoebe Bushman

M. D.

or

Midwife

Address

Snowflake

Filed

Aug 20th

1935

J.H. F. ant

Registrar

Registrar

en name added from supplemental report

(Date of)

723-730-198